

RELEASE OF REMAINS TO UNDERTAKING ESTABLISHMENT BY NEXT OF KIN

(For use of this form, see MEDDAC Memorandum 638-1.)

We wish the remains of _____ to be released
(Name of deceased)

to _____, _____, _____
(Name of undertaking establishment) (City) (State)

I (We) represent that I am (we are) the _____ of the
(Relationship)

deceased and entitled by law to control the disposition of the remains.

Signed: _____

Date: _____

Signature of Witness No. 1: _____

Signature of Witness No. 2: _____